

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

March 12, 2003

Re: IRO Case # M2-03-0656

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 45-year-old female who injured her back in ___. Later she developed back pain and pain into both hips. The pain persisted despite physical therapy, medications and chiropractic treatment. An MRI 3/8/02 was essentially normal and showed no changes that would suggest nerve root compression as the source of the patient's trouble. On 3/12/02 electrodiagnostic studies were reported as showing radiculopathy at L5-S1 bilaterally, but there were no definite EMG findings present. Multiple injections were performed without success in relieving the patient's pain.

Requested Service

Bilateral L4-5 lumbar facet block / sacroiliac joint injection under fluoroscopic guidance.

Decision

I agree with the carrier's decision to deny the requested facet block / injection.

Rationale

The patient has had radiofrequency facet neurectomy, transforaminal epidural blocks at multiple levels on both the left and the right, lumbar facet blocks at multiple levels, and paravertebral intra myofascial injections. Conservative management has been extensive, and a more aggressive operative approach may or may not be indicated. There is nothing in any of the various reports provided for this review that would indicate that spinal fusion at any particular level would be of benefit in dealing with this patient's problem. It is extremely improbable that another injection into the patient's spine, even in an area that was not previously injected, would be of any benefit in determining if the patient needs a surgical fusion of the lumbar spine. Possibly other testing such as CT myelography, repeat electrodiagnostic testing with EMG recordings, or flexion and extension views of the lumbar spine might be helpful in coming to conclusions from a surgical standpoint.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669,
Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 14th day of March, 2003.